

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**VAN TRAN FOR CONGRESS**

**A.**

Full Name (Last, First, Middle Initial)

ANNIE VU

Mailing Address 5315 CHARLOTTE DR.

City State Zip Code  
**Huntington Beach CA 92649**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NEW YORK LIFE**

Occupation  
**INSURANCE AGENT**

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 7 / 2 0 0 9**

**Transaction ID: INC.A.590**

Amount of Each Receipt this Period

**1000.00**

**B.**

Full Name (Last, First, Middle Initial)

DR. KHOI DAO

Mailing Address 12 VINTAGE CANYON ST.

City State Zip Code  
**Las Vegas NV 89141**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CCCN**

Occupation  
**PHYSICIAN**

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 1 / 0 8 / 2 0 0 9**

**Transaction ID: INC.A.604**

Amount of Each Receipt this Period

**250.00**

**C.**

Full Name (Last, First, Middle Initial)

JACOB PARSONS

Mailing Address 519 SUNRISE ST.

City State Zip Code  
**Norman OK 73071**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF - JACOB PARSON**

Occupation  
**POLITICAL CONSULTANT**

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 1 / 1 3 / 2 0 0 9**

**Transaction ID: INC.A.610**

Amount of Each Receipt this Period

**250.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1500.00**

**TOTAL** This Period (last page this line number only) .....